FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 762836 (5)

1. Corporation Name

CLUB BAYSHORE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5223 BAYSHORE BLVD. TAMPA FL 33611	5223 BAYSHORE BLVD. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1982
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2622493 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAYNARD, JOHN C 5311 BAYSHORE BLVD. TAMPA FL 33611	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	BM	☑ Change ☐ Addition
NAME	MAYNARD, JOHN C	12 NAME		
STREET ADDRESS	5311 BAYSHORE BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V D	☑ Change ☐ Addition
NAME	MALLISON, CHURCHILL	22 NAME	JIM COPLON	
STREET ADDRESS	5233 BAYSHORE BLVD.	23 STREET ADDRESS	2702 D PAXTON	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	MILES, BEVERLY D	32 NAME		
STREET ADDRESS	3212 FAIR OAKS	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	D	☑ Change ☐ Addition
NAME	STRICKLAND, KATHRYN	42 NAME	Linda Thomas	
STREET ADDRESS	2702 A PAXTON	43 STREET ADDRESS	5227 Bayshore Blvd	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	BM	51 TITLE	P	☑ Change ☐ Addition
NAME	SMITH, JAMES D	52 NAME		
STREET ADDRESS	2702C PAXTON	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	[redacted]	61 TITLE	BM D	☐ Change ☑ Addition
NAME		62 NAME	Jean Snider	
STREET ADDRESS		63 STREET ADDRESS	5233 Bayshore Blvd	
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMPA FL 33611	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly A Miles 5/5/95 (813) 541-6411
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0014301